FORM D

OTICE OF SALE OF SECURITIES

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR INIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-00/6
Expires: Estimated avera	May 31, 2005
Estimated avera	age burden
hours per respo	nse 16.00

SEC USE ONLY				
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DATE RECEIVED				
	1			

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Murphy Ranch II, L.P., a California Limited Partnership	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: Amendment	ULOE .
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Murphy Ranch II, L.P., a California Limited Partnership	04037608
Address of Executive Offices (Number and Street, City, State, Zip Code) 2 N. Second Street, Suite 1250, San Jose, CA 95113	Telephone Number (Including Area Code) (408) 291-8650
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
construction, and ownership of low-income multi-family hou	PROCESSED
Type of Business Organization corporation business trust limited partnership, already formed business trust limited partnership, to be formed	olease specify): JUL 14 2004 E
Month Year Actual or Estimated Date of Incorporation or Organization: O 1 O 2 Actual X Estir Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20.	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	· · ·
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for state of the ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall

SEC 1972 (6-02)

this notice and must be completed.

filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION -Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

A. BASIC IDENTIFICATI	ION DATA
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past	t five years;
Each beneficial owner having the power to vote or dispose, or direct the vote or	or disposition of, 10% or more of a class of equity securities of the issuer
Each executive officer and director of corporate issuers and of corporate gen-	neral and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Execut	ntive Officer Director 🛱 General and/or
Check Box(cs) that Apply: [Promote: [Beneficial Owner [Bxccal	Managing Partner
Full Name (Last name first, if individual)	
First Community Housing	
Business or Residence Address (Number and Street, City, State, Zip Code)	
	5113
Check Box(es) that Apply: Promoter Beneficial Owner Execut	tive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
See attached	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter X Beneficial Owner Execution	tive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Apollo Housing Capital, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
600 Superior Avenue, Suite 2626, Cleveland, OH	44114
Check Box(es) that Apply: Promoter X Beneficial Owner Execution	tive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Apollo Housing Manager, II	
Business or Residence Address (Number and Street, City, State, Zip Code) 600 Superior Avenue, Suite 2626, Cleveland, OH	44114
Check Box(es) that Apply: Promoter Beneficial Owner Executi	tive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executi	tive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executi	tive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copi	pies of this sheet, as necessary)

INCUMBENCY CERTIFICATE

The undersigned, being duly elected Secretary or Assistant Secretary of First Community Housing, a California nonprofit public benefit corporation (the "Corporation"), hereby certifies as follows:

The persons named below now hold office of the Corporation set forth opposite their names and are authorized by the Corporation to act as such:

Name

Office

Jeff Oberdorfer

President and Executive Director

Gary Schoennauer

Chairman

Emma Madrid

Vice Chairman

David Neale

Secretary

Richard Conniff

Chief Financial Officer

Betsy Powell

Assistant Secretary

The specimen signatures shown below are the specimen signatures of the individuals authorized to initiate and approve transactions of all types for the Corporation, as approved by the Board of Directors.

Names/Title

Jeff Oberdorfer, Pres./Exec. Dir

Gary Schoennauer, Chairman

Emma Madrid, Vice Chairman

David Neale, Secretary

Richard Conniff. CFO

Betsy Powell, Asst. Secretary

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate the 22nd

III TO BE TO SEE				B. 1	INFORMAT	ION ABOU	T OFFER	ING				
1. Has th	e issuer sol	d, or does t	he issuer i	ntend to se	ell, to non-	accredited	investors i	n this offer	ing?		Yes	No K X
			Ans	swer also i	n Appendix	k, Column	2, if filing	under UL(DE.			
2. What	is the minin	num investi	ment that v	vill be acc	epted from	any indivi	dual?		***************************************		\$	
3. Does t	he offering	nermit joir	nt ownersh	in of a sing	ele unit?						Yes	No XX
										lirectly, any		
commi If a per or state	ission or sim	nilar remune sted is an as ame of the l	eration for sociated po proker or d	solicitatior erson or ag ealer. If m	n of purchas ent of a bro ore than fiv	ers in conn ker or deale e (5) perso	ection with er registere ns to be lis	sales of se d with the S ted are asso	curities in SEC and/or	the offering, with a state sons of such		
Full Name	(Last name	first, if ind	liviđual)									
N/A Business or	Residence	Address (N	Jumber an	d Street C	ity State	Zin Code)						
Dusiness of	Residence	Address (1	vaintoer an	a Street, C	nty, otate, 2	eip code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers						
(Check	"All State	s" or check	individua	States)						•••••	☐ Al	l States
AL	ĀK	ĀZ	ĀŘ	CA	CO	CT	DE	DC	FL	[GA]	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH		OR IV	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									
N/A Business o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)					<u> </u>	
		··										
Name of As	sociated Bi	oker or De	aler									
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	or check	individual	States)			•••••••	***************************************			☐ Al	l States
AL	AK	AZ	AR	CA	CO	\overline{CT}	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MÏ		MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	\overline{NY}	NC VA	NĎ WA	OH WV		OR WY	PA PR
					(0,1)	<u> </u>	<u> </u>	<u> </u>				(110)
Full Name (Last name	first, if indi	ividual)									
Business of	r Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Name of As	sociated Br	oker or De	aler	· - · · · · · · · · · · · · · · · · · ·		····	 					
		. <u></u>				_ _						
States in W												I C
(Check	"All States	or check	ındıvidual	States)	,		****************		*****************	***************************************	☐ All	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL		HI	ĪD
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH		MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV		WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	3	\$
	Equity		
	☐ Common ☐ Preferred		,
	Convertible Securities (including warrants)	,	S
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$4,421,212
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	/	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$ <u>4,421,212</u>
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		§ <u>15,000</u>
	Printing and Engraving Costs] \$
	Legal Fees		\$ 80,444
	Accounting Fees		\$ 15,000
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	<u>.</u>	\$
	Total		\$110,444

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b. Enter the difference between the aggregate offering price given in response to Pation 1 and total expenses furnished in response to Part C - Question 4.a. This differance gross proceeds to the issuer."	erence is the . 1 1/8 2/8
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or pro- used for each of the purposes shown. If the amount for any purpose is not known estimate and check the box to the left of the estimate. The total of the payments listed the adjusted gross proceeds to the issuer set forth in response to Part C - Question	, furnish an d must equal
	Payments to Officers, Directors, & Payments To Affiliates Others
Salaries and fees	
Purchase of real estate	7 - 1
Purchase, rental or leasing and installation of machinery and equipment	🗆 \$
Construction or leasing of plant buildings and facilities	🗆 \$
Acquisition of other businesses (including the value of securities involved in thi	
offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🗆 \$
Repayment of indebtedness	
Working capital	0 s 114841
Other (specify):	
	п. п.
Column Totals	DS1.429.306 DS 288/463
Column Totals	46.4 310.768
Total Payments Listed (column totals added)	9 3 1/ 11 4 1 50
D. FEDERAL SIGNATURE	
the issuer has duly caused this notice to be signed by the undersigned duly authorized belowing signature constitutes an undertaking by the issuer to furnish to the U.S. Secur usest of its staff, the information furnished by the issuer to any non-accredited investors.	ities and Exchange Commission, upon written re-
suer (Print or Type) Harphy Ranch It, C.P. Signature **Signature**	Date 6/25/04
ame of Signer (Print or Type) Title of Signer (Print or Type) Prosident	<u> </u>
Richard L.	
percharac C.	Conner
() (
ATTENTION	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 pr of such rule?	esently subject to any of the disqualification provision	ons Yes No
See A	Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to f Form D (17 CFR 239.500) at such times as re	furnish to any state administrator of any state in which equired by state law.	this notice is filed, a notice on
The undersigned issuer hereby undertakes to f issuer to offerees.	furnish to the state administrators, upon written reques	st, information furnished by the
4. The undersigned issuer represents that the issu- limited Offering Exemption (ULOE) of the sta- of this exemption has the burden of establish	uer is familiar with the conditions that must be satisfied ate in which this notice is filed and understands that thing that these conditions have been satisfied.	ed to be entitled to the Uniform e issuer claiming the availability
The issuer has read this notification and knows the indersigned duly authorized person.	e contents to be true and has duly caused this notice to	o be signed on its behalf by the
ssuer (Print or Type) Murphy Reach II, L. P.	Signature	Date 6/25/04
Name (Print or Type)	Title (Print or Type) The Statent	
	× Swohnof L. Conniff Rochard L. Conniff CFO	<u>4</u> 6/25/04

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.